

Please type a plus sign	gn (+) inside this box +			PTO/SB/01 (10-00)	
Under the Pap	enwork Reduction Act of 1995, no	persons are required to resp	Approved U.S. Patent and Trademark ond to a collection of information	for use through 10/31/2002. OMB 0651-0032 Office; U.S. DEPARTMENT OF COMMERCE inless it contains a valid OMB control number.	
	DECLARATION AND		orney Docket Number	CRD-5068 USANP	
POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION		Fin	st Named Inventor	Robert Falotico et al.	
			COMPLE	TE IF KNOWN	
1	(37 CFR 1.63)		olication Number	10/796,397	
Declaration Submitted Initial Filing	OR Initial Filing		ng Date	March 9, 2004	
1	(37 CFR 1.10	G(e)) required)	up Art Unit	1614	
As a below named inven	itor. I hereby declare t	Exa	miner Name	Not Assigned	
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
LOCAL VASCULAR DEL	LIVERY OF TOPOTEC/ FOLL	AN IN COMBINATIO OWING VASCULAR (Title of the Invention)	RINJURY	O PREVENT RESTENOSIS	
The specification of which					
is attached hereto				j	
OR					
TUITIDO	YYYY) 03/09/2004 as t amended on (MM/DD/		ition Number or PCT Int	emational Application	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to d	isclose information whice ions, material information	ch is material to pate	allabla babuaaa tha £li	CFR 1.56, including for g date of the prior application	
priority is claimed.	sted below and have als	orial application whic	h designated at least or	ne country other than the	
Prior Foreign Application Number(s)	Country	Foreign Filing D (MM/DD/YYYY		Certified Copy Attached? YES NO	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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O JIM & TON STREET

DECLARATION - Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial No. **Filing Date** Status I hereby appoint: Place Customer Practitioners at Customer Number 000027777 Number Bar Code Label Here AND Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Address all telephone calls to Carl J. Evens at telephone number (732) 524-2518. Customer Number Direct all correspondence to: 000027777 OR ☐ Correspondence address below Name: Address: Address: City: State: ZIP Country Telephone: Fax:

July 1 total

City

Belle Mead

Libereby declare that all statements made herein of my own knowledge are true and that all statements made on formation and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Robert or Surname Falotico Inventor's Signature Residence: City Belle Mead State NJ Country USA CitizenshipUSA Mailing Address 40 Black Horse Run City Belle Mead State NJ ZIP 08502 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Tom Jay or Surname Parry Inventor's Signature Date Residence: City Hellertown State PA Country USA Citizenship USA Mailing Address 1452 Bette Lane Hellertown State PA **ZIP** 18055 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Jonathon Z or Surname Zhao Inventor's Signature Date Residence: City Belle Mead State NJ **Country USA** Citizenship USA Mailing Address 12 Briar Hill Court

State NJ

ZIP 08502

Country USA